

FILED JAN 26 2017 11:48AM USDC-OR

**UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
PORTLAND DIVISION**

Janell Butler

(Enter full name of plaintiff(s))

Plaintiff(s),

Dregon Health Science University
and all others

(Enter full name of ALL defendant(s))

Defendant(s).

Janell Butler, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare than I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions:

1. Are you currently incarcerated? Yes No

If "Yes" state the place of your incarceration: _____

If "Yes" and you are filing a civil action, have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six (6) months.

2. Are you currently employed? Yes No Self-employed

a. If the answer is "Yes," state:

Employer's name: _____

Employer's address: _____

Amount of take-home pay or wages: \$ _____ per _____ (specify pay period)

b. If the answer is "No," state:

Name of last employer: NONE

Address of last employer:

Date of last employment:

Amount of take-home salary or wages: \$ _____ per _____ (specify pay period)

3. Is your spouse employed? Yes No Self-employed Not applicable

a. If the answer is "Yes," state:

Employer's name:

Employer's address:

Amount of take-home pay or wages: \$ _____ per _____ (specify pay period)

b. Do you have access to your spouse's funds to pay the filing fee in this case? Yes No

Please explain your response below:

No

c. If your spouse's income or assets are available to you to pay the filing fee in this case, would your spouse have enough money left to pay for his or her own expenses?

Yes No If the answer is "No," please explain below:

No

4. In the past 12 months have you received any money from any of the following sources?

a. Business, profession or other self-employment Yes No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

b. Rent payments, interest, or dividends Yes No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

c. Pensions, annuities, or life insurance payments Yes No
 If "Yes," state: Amount received: \$ _____
 Amount expected in future: \$ _____

d. Disability or workers compensation payments Yes No
 If "Yes," state: Amount received: \$ 735
 Amount expected in future: \$ 735

e. Gifts or inheritances Yes No
 If "Yes," state: Amount received: \$ _____
 Amount expected in future: \$ _____

f. Any other sources Yes No
 If "Yes," state: Source: Food Stamps (cash)
 Amount received: \$ 194
 Amount expected in future: \$ 194

5. Do you have cash or checking or savings accounts? (including prison trust accounts)? Yes No
 If "Yes," state the total amount: .64

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Yes No
 If "Yes," describe the asset(s) and state the value of each asset listed.

7. Do you have any other assets? Yes No
 If "Yes," list the asset(s) and state the value of each asset listed.

8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? Yes No

If "Yes," describe and provide the amount of the monthly expense.

Rent \$400 Cell Phone \$60,
Storage \$267 Bus \$30 Personal Food ~~The rest~~

9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

Na

10. Do you have any debts or financial obligations? Yes No

If "Yes," describe the amounts owed and to whom they are payable.

Probation : Disability

If I am incarcerated, I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments toward the full filing fee of \$350.00 for a prisoner civil rights complaint in accordance with 28 U.S.C. § 1915(b).

I declare under penalty of perjury that the above information is true and correct.

1-3-17
DATE

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration.)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at _____ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ _____. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ _____.

I have attached a certified copy of the applicant's trust account statement showing the transactions for the past six months.

DATE

SIGNATURE OF AUTHORIZED OFFICER